

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Solus Alternative Asset Management LP</u> <hr/> (Last) (First) (Middle) 410 PARK AVENUE, 11TH FLOOR <hr/> (Street) NEW YORK NY 10022 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/11/2020	3. Issuer Name and Ticker or Trading Symbol <u>Bristow Group Inc. [VTOL]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	6,090,862	I	See footnotes ⁽¹⁾⁽²⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
Solus Alternative Asset Management LP

 (Last) (First) (Middle)
 410 PARK AVENUE, 11TH FLOOR

 (Street)
 NEW YORK NY 10022

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Solus GP LLC

 (Last) (First) (Middle)
 C/O SOLUS ALTERNATIVE ASSET MANAGEMENT
 410 PARK AVENUE, 11TH FLOOR

 (Street)
 NEW YORK NY 10022

 (City) (State) (Zip)

1. Name and Address of Reporting Person *

Pucillo Christopher

(Last) (First) (Middle)

C/O SOLUS ALTERNATIVE ASSET
MANAGEMENT

410 PARK AVENUE, 11TH FLOOR

(Street)

NEW YORK NY 10022

(City)

(State)

(Zip)

Explanation of Responses:

1. The shares to which this Form 3 relates are held directly or indirectly by certain funds and accounts (collectively, "Clients") managed by Solus Alternative Asset Management LP ("Solus") and/or affiliates thereof. Solus GP LLC ("Solus GP") is the general partner of Solus. Christopher Pucillo is the managing member of Solus GP. Each may be deemed to have beneficial ownership of the securities reported herein except to the extent of his or its pecuniary interest therein. The Solus Clients expressly disclaim beneficial ownership of any shares of Common Stock. Pursuant to Rule 16a-1(a)(1), the Reporting Persons are not deemed to beneficially own the securities but have elected to file this Form 3 nevertheless.

2. The Reporting Persons are jointly filing this Form 3 pursuant to Rule 16a-3(j) under the Exchange Act.

Solus Alternative Asset
Management LP By: Solus
GP LLC, its General
Partner By: /s/ Christopher Pucillo 06/22/2020
Pucillo Name: Christopher
Pucillo Title: Managing
Member

Solus GP LLC By: /s/
Christopher Pucillo Name: 06/22/2020
Christopher Pucillo Title:
Managing Member

/s/ Christopher Pucillo 06/22/2020
Christopher Pucillo

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.